RI SOS Filing Number: 200955216190 Date: 11/25/2009 4:00 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of St
Corporations Divis
148 W. River St.
Providence, RI 02904-2
401.222.3

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
146377	REBRAND LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	Reviewing and showcasing of brand transformations around the world

5. Principal office address	City	State	Zip
154 WARRINGTON ST.	PROVIDENCE	RI	02907

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
ANAEZI MODU	FOUNDER + CEO		
Street Address	**City**	**State**	**Zip**
154 WARRINGTON	PROVIDENCE	RI	02907

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
ANAEZI MODU					
Street Address			Street Address		
154 WARRINGTON ST.					
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02907			
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
Address	City	Zip

✓

FILED
NOV 25 2009
By 104702

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

[signature] — *Signature of Authorized Person*
11/25/09 — *Date*

ANAEZI MODU — *Print or Type Name of Authorized Person*

File Date ______
Check No. ______
By: ______
FOR SECRETARY OF STATE USE ONLY
40572-1-449866

2009 NOV 25 AM 11: 56

Form 632 Rev. 07/07